

MONTANA STATE PRISON VISITING / CORRESPONDENCE QUESTIONNAIRE

To: _____

Date: ____/____/____

Inmate: _____ **MSP ID/AO#** _____ has requested that your name be placed on his approved visiting / correspondence list. Your addition will authorize you to visit him at MSP, and may authorize you to mail money orders to MSP for deposit in his inmate account. If you desire to be placed on his approved visiting / correspondence list in accordance with our rules and regulations, please complete this questionnaire and mail it to: **Montana State Prison; 400 Conley Lake Road, Deer Lodge, Montana 59722; ATTN: Mailroom Officers.** Failure to answer every question on the form will result in disapproving you from his list. It takes approximately 30 days to process the form after receipt of the completed form at the mailroom. One questionnaire must be completed for each adult (18 years of age & older). Minor children must be listed on the same form as their legal guardian. A criminal history check will be completed on all applicants.

If your address changes, please notify the MSP Mail Department in writing at the above address, and list the names of the inmate(s) you visit.

ALL PERSONS ENTERING MONTANA STATE PRISON PROPERTY ARE SUBJECT TO BE SEARCHED. POSSESSION OF WEAPONS, ALCOHOL, TOBACCO, AND NARCOTICS ARE VIOLATION OF LAW AND VIOLATORS ARE SUBJECT TO CRIMINAL CHARGES.

STATE OR FEDERAL PICTURE ID IS REQUIRED FOR ALL PERSONS OVER THE AGE OF 18.

Montana State Prison conducts periodic emergency preparedness drills designed to ensure everyone knows what to do if an emergency situation arises, and provide for your safety during an emergency. These drills may interrupt your visiting. If an emergency situation arises while you are visiting at Montana State Prison, facility staff will escort you to a secure location as soon as they are cleared to do so. Please follow staff instruction and do not leave the visiting area on your own. Your safety is our concern.

Directions to MSP from Deer Lodge:

From Main Street in Deer Lodge, turn west on Milwaukee Avenue and follow that road for approximately four miles. Stop when you come to the MSP Check Point building. The officer on duty at this post will direct you to the Wallace building. There is no local transportation system or service available in Deer Lodge, so you must arrange for your own means of automobile transportation to and from the prison. Motorized vehicles are the only authorized means of transport. Visitors arriving by any other means will be turned away at the check point or authorized staging area.

Attached to this form is a copy of visiting and correspondence rules and regulations. Please remove and retain for your use. These are not the complete procedures concerning visiting and correspondence, just a general overview. The complete Montana Department of Corrections policies covering these subject areas can be found at the following website: www.cor.mt.gov.

(Print)

1. NAME: _____ AGE: _____ DATE OF BIRTH: ____/____/____
2. ADDRESS: _____ SOC. SECURITY #: ____/____/____
PO BOX NUMBER: _____ PHONE#: _____
CITY: _____ STATE: _____ ZIP CODE: _____
3. YOUR RELATIONSHIP TO THE INMATE: (circle the appropriate designation)
Mother Father Son Daughter Wife Grandparent Brother Sister Other _____
4. HAVE YOU VISITED UNDER ANY OTHER NAMES? ____Yes ____No
If yes, list names: _____
5. HAVE YOU EVER BEEN EMPLOYED BY THE MONT. DEPARTMENT OF CORRECTIONS OR ANY OF THEIR CONTRACTED FACILITIES?
If yes, list facility name and position: _____/_____
6. ARE YOU ON ANOTHER INMATE'S VISITING LIST? ____Yes ____No
If yes list name(s): _____ ID/AO# _____
7. YOUR OCCUPATION: _____ Employer: _____
Business Address: _____ Phone: _____
8. YOUR MINOR CHILDREN (**visiting form will not be approved unless a Social Security Number is provided for each**)
Name: _____ Age: _____ Date Of Birth: ____/____/____ SS#: ____/____/____
Their relation to inmate: _____

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Their relation to inmate: _____

Name: _____ Age: _____ Date Of Birth: ____/____/____ SS#: ____/____/____
Their relation to inmate: _____
9. ARE THE MINOR CHILDREN CURRENTLY UNDER COURT ORDERED SUPERVISION? ____Yes ____No
Probation Officers Signature: _____ Phone # _____
10. HAVE YOU BEEN CITED FOR VISITING ROOM INFRACTIONS/VIOLATIONS? ____Yes ____No
If yes, what type of Infraction: _____ Date of Infraction: ____/____/____
11. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A FELONY OR MISDEMEANOR? ____Yes ____No
If yes, list them below (use additional sheet if needed):
- | <u>Offense</u> | <u>Approximate Date</u> | <u>Disposition (jail, prison, prob.)</u> |
|----------------|-------------------------|--|
| _____ | ____/____/____ | _____ |
| _____ | ____/____/____ | _____ |
12. DO YOU CURRENTLY HAVE ANY FELONY CHARGES PENDING? ____Yes ____No
13. ARE YOU PRESENTLY ON PAROLE OR PROBATION? ____Yes ____No Where: _____
Name of Parole or Probation Officer: _____ Phone #: _____
His/her address: _____
Authorization of Parole or Probation Officer: _____
How long have you been released from prison: _____

NOTE: If you are an attorney of record, you need to fill out the following section:

Firm Name: _____ Address: _____
Business Phone: _____

14. I certify that the above information is true and does not contain misleading statements. I further understand that by certifying the above, if incorrect, I may be later denied visiting and mailing privileges. By signing this form I also give my consent to a criminal background check.

APPLICANTS SIGNATURE: _____ **DATE:** ____/____/____

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THIS SECTION IS FOR OFFICIAL USE ONLY

- _____ The applicant is currently on another inmate's visiting / correspondence list.
- _____ The applicant did not supply proof of marriage. May resubmit with proof of marriage.
- _____ The applicant did not submit complete information. See # _____
- _____ The applicant did not sign the form.
- _____ The applicant has pending disposition of charges. Questionnaire may be reviewed upon notification of disposition of charges.
- _____ The applicant is a parolee/probationer and did not have their Probation/Parole Officer sign the form.
- _____ The applicant provided false information regarding their criminal history.
- _____ The applicant does not have 2 years/6 months satisfactory community adjustment. Resubmit after ____/____/____
- _____ The applicant is a former MSP, DOC, or contracted facility employee.
- _____ Other: _____

Approved: _____ Date: ____/____/____

Disapproved: _____ Date: ____/____/____

Comments: _____

PROCESSED _____

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APPLICANT APPEAL

Instructions: If you disagree with the decision above, you may appeal the decision to the chief of security by completing this section of this form, fully explaining why you are appealing, and mailing the completed form to:

Montana State Prison; Second Shift Captain; 600 Conley Lake Rd., Deer Lodge, MT 59722

(the decision of the 2nd shift Captain or designee is final and no further appeal is available)

Reason for appeal: _____

Applicant's Signature

____/____/____
Date

CAPTAIN OR DESIGNEES RESPONSE

Is there sufficient evidence and documentation to support the decision? YES ☐ NO ☐

Is there substantial staff compliance with applicable procedures? YES ☐ NO ☐

Decision:

- ☐ **Affirm.** I uphold the decision. Visiting status will not change.
- ☐ **Dismiss.** I overturn the Visiting Supervisor's decision for the following reasons:

VISITATION STATUS IS: APPROVED ☐ DISAPPROVED ☐ AS OF ____/____/____